KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Moderator: (Mindee Reece)
March 24, 2015
10:00 a.m. CT

Operator: This is Conference #42401566.

Good morning. My name is (Angela) and I will be your conference operator today. At this time, I would like to welcome everyone to the Statewide Population Health conference call.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. (Reece), you may begin your conference.

(Mindee Reece): Good morning everyone. This is (Mindee Reece). I'll be moderating the call this morning. First on our agenda is Aaron Dunkel who will provide a legislative update. So I'll turn it over to him.

Aaron Dunkel: Well, I'm just going to go through pretty quick. We've got really four large groupings (of stuff we have kind of been following). One is of course the environment (stuff) which I'll run through pretty quick. I don't know how many folks in the call would be (too concerned with that stuff) and then we've got our health bills which are predominantly related back to Medicaid. And then of course the conversation around budget and then an update on the expansion discussions that are going on.

First, on the environmental side, we've got basically seven bills that are out there floating around. All of them are still in play. It looks like all of them will probably get through this session. This touch on things like a voluntary cleanup program, a new risk – a risk managers program that we're instituting that allows folks to have property that is not at cleanup standard but also that has very little to no chance to have any impact on property or on water supply that can move into a risk mitigation program as opposed to being on a VCP program.

So, basically the clean bill of health thing assuming no – nothing changes on the condition of the property and there's no additional pollution found. These properties are pretty much equivalent to a clean property. It's something that we saw in our VCP program. We had some properties that are in there for 10, 15 years that we knew we're never going to get off because there's the pollution that is on them or the contaminant for 100 feet down and an area that gets, you know, four inches rain a year and the groundwater is 1,200 down. And so, they couldn't get a clean bill health under clean up program but they can get a health and risk mitigation program.

We have another bill on naturally-occurring radioactive material and technically-enhanced naturally-occurring radioactive material. Basically the difference is one of them is in the groundwater and one is not anymore. The bill would basically give us some additional ability to do permitting on facilities that could accept that kind of waste. Right now it has to go to special facilities or basically gets dumped in a pile sitting on somebody's property when they drill a well or something. So, it gives us some more tools to deal with that material.

Another eliminates the sunset provision on landspreading for basically companies that are doing fracking and horizontal drilling down in Southern Kansas. Originally, the landspreading was sunset at the end of 2015 and with the volume that we've had and with the success we've had with landspreading as opposed to having to unload that stuff into trucks and move it, we thought it was a good idea to continue. We've had conversations with an agronomist

from the Department of Agriculture and some others who have rebid the (safe) practice moving forward.

Another one I have to step back on some properties in (case), they're not real sure. That bill is very technical and it has to do with setbacks from some well drilling and permitting around that.

The other thing that we've had going through that you might have seen a little bit about is a bill that would basically require us and the Kansas Corporation Commission to work together on developing our state of limitation plan as it relates to the basically in the Cross-State Air Pollution Rule or as you've probably seen written up in newspapers, it's 111(d) rule. The 111(d) rule basically bills the greenhouse gas. And so, with the EPA implementation of that, we had to put together our state implementation plan on how we're going to come in compliance with Clean Air Act. And what this does is it has us and KCC working together much more closely around the financial and business implications of that as opposed to us doing it unilaterally.

So, those are our environment bills. On the health side, we've had two big bills that were directly ours and then one that we've been involved in conversations around. One of them was the behavioral health drug bill for Medicaid that would allow currently in state law for behavioral health prescriptions on Medicaid patients. The state or our associates in the managed care organizations have really no way of managing behavioral health drugs. So, if you have a three-year old that comes in and they get prescribed a high level antipsychotic drug, right now we have no ability to go and say, "Are you sure about that, does that make sense, is it safe," like you would normally do around a preferred drug list or a drug formulary.

So, what we've asked for is a bill that will allow us to put together a committee that will work together with the doctor, a patient with a newborn, to monitor and basically create rules around drug utilization for behavioral health drugs, sort of look at what some of the FDA inserts say to make a determination as to whether it's – if there's an expanded scope of practice that makes sense and they'll put those rules into play.

So, if anything falls within those parameters, they won't require anything like a prior authorization or peer to peer accounts. But if it falls outside of these parameters, again, you know, multi-antipsychotics to small child or a number of variable class drugs within a senior moving from a hospital to a nursing facility setting or something like that, but that would allow the MCOs to have some conversations or managed care organizations have some conversations with the prescriber and make sure they're thinking about it in a safe and effective manner.

Another one is the medication hold bill that basically allows us on new drugs to market within the Medicaid program to put them in a classification where they'll only be prescribed as according to the FDA product insert labels until such time as they go through a drug utilization (review board) because we've had some issues in the past especially around drugs like Harvoni and Sovaldi, the high dollar hep C drugs, when those first came out and they hadn't been put to our preferred drug list process, we had folks that were prescribing those drugs to folks who fell well outside of the prescribing criteria and really the effective criteria for the drugs. So we had some people who are getting drugs that cost $100,000 for a 12-week cycle that had really no chance of having any efficacy on those drugs being provided.

And so, we got that bill. That one is out there. It's most likely going to be going through the Senate and most likely hopefully passes and go through the House early next week and they'll become law.

The third and one that of course a lot of the public health folks are probably interested in is the governor's tax bill that increases cigarette and liquor taxes, specifically the tax currently related to cigarettes and tobacco products. They've had a hearing in the House – on the House side and it was well attended. As you can imagine, there were, I don't know, a number of proponents and then a number of opponents. Folks from our side of course basically telling them that high increased taxes are a great way to keep kids from starting cigarettes. When you look at the price elasticity of cigarettes, the only place it is elastic is really with kids. So, it would allow us that and might get some folks the incentive to quit. And so, we made sure we put that message out there.

Today, that bill has a hearing on the Senate Judiciary side, so they'll work their magic on it. I would really doubt at this point that any of the tax bills probably get completely through the process until we come back from first adjournment. So they'll – the legislature goes through April 3rd. They go into what they call first adjournment and then they will come back at the end of April to do what is traditionally the veto session.

And I guess, at this point, the tendency across the street at the capital building is that the tax bills probably won't be through until we get back because of course we want to have all the numbers from March estimates and hopefully by then be able to be pretty accurate with April estimates on revenue. And that of course will drive what we end up having to do with local budget bills and with the tax bills.

That kind of segues into the next bill which is our budget bills. The agency has (faired) really well in the conversations with our Budget Committee whereas the House and Senate ended the final bills. We had very little changes to what we had originally budgeted. So, Aid to Local is kept to level. All of our other SGFs, so things around our immunization program, around primary care, all those are at least leveled from what was in the governor's budget recommendations. The House side actually did move $337,000 from our admin line to fill the gap. It was an accepted cut within primary care.

We've basically told them that's probably not a great idea for us. We had to provide a four percent cut and we did, – now we'd be able to share that. They've been held harmless in the last six years. I think we've taken probably 75 percent of our executive and our admin program. And we're to a point where creating another 10 percent from admin, I think we've reduced our admin by 42 percent over the last six years as far as the general fund support. So, for us to do another 10 percent at this point, we probably would have to either release people or redirect people so we could pay for them from other sources, you know, when we're able to do what they're currently doing in their performance.

So, we've pushed back, I think we've got good support in the Senate side. I know our Senate budget chair is very adamant about not taking that money of admin. So, I'm guessing at least right now until they start doing some universal things as they try to find money moving into the veto session – that our part of the budget is completely relatively solid.

Now, all of that is coming at the end of April when they come back and they're trying to figure out what they're going to get, X number of millions of dollars, but for now we're pretty solid.

And then the last thing I'll cover real quick is Medicaid expansion. A lot of you probably have heard and maybe attended, judging from the number of people that were in the room, the hearing. We had and expansion briefing with the House Health and Human Services Committee over two days.

We had a day of proponents, day of opponents and then we've provided neutral testimony on cost and associated programmatic issues. Right now, you know, I think there's a lot of maneuvering going around on the legislature around expansion. And of course there are folks that really would like it and there are folks that really don't want it. I'm guessing this is probably one of those things that'll end up being a conversation point to the last days of session.

And so, we'll keep of course tuned into it and provide information as it becomes available if there's anything that looks solid as to whether they're – you know, whether they've killed it or whether they're moving forward with it, and especially if they move forward with it, what some of the caveats and details so that you guys kind of know locally what that impact might look like.

I think that is all I have from the legislature for now.

(Mindee Reece): That was a mouthful. There's a lot going on over there.

Next on our agenda is (Carman Allen) Preparedness Program director who's going to provide an update on Ebola preparedness and response.

(Carman Allen): Hello.

(Mindee Reece): Hi.

(Carman Allen): Ebola preparedness and response is actually pretty slow right now. We do have two grants – three grants with the epidemiology grant that we're working on that are focused on Ebola and highly dangerous infectious diseases. And one of those is the public health grant for Ebola which is – has been submitted. We're waiting on final – we're waiting to receive funding actually, it's what we're waiting on. We don't know when we will receive those funds as of this time.

We also are currently developing the hospital Ebola preparedness grant which have been the works right now. We are working closely with public health, with the hospital associations and our hospital partners to ensure that we're able to move forward with that.

We also have been working with the Kansas Hospital Association and our regional hospital coordinators for the preparedness program to identify a plan for determining assessment of hospitals in Kansas. From the meeting that we held with those partners, it was determined that we would move forward with two assessment hospitals identified in Kansas. We are in the process of determining which two hospitals will be named as assessment hospitals at this time. We're working to set up meetings with CEOs and other constituents of their hospitals to determine their desire to be named as a Kansas assessment hospital and then we will move forward at that time.

We have been working too – with these assessment hospitals in our high population areas being Wichita and the Kansas City areas and those are also the areas close to the airports within our state where we'll be receiving patients potentially.

That's all I have on Ebola at this point in time.

(Mindee Reece): OK. Next on the agenda is (Charlie Hunt)…

(Charlie Hunt): OK. Thank you very much and good morning everyone. As (Mindee) indicated, I'll provide just very brief information and to give a situation update on Ebola. There now have been greater than 24,000 cases, almost 25,000 cases reported in Kenya, Liberia and Sierra Leone and we've now surpassed 10,000 deaths. You know, from week to week and month to month, the outbreaks in the three different countries tend to wane or wax and wane a little bit. There were 150 new confirmed cases reported in the week ending March 15th compared to just 116 the previous week. So, things are still fluctuating quite a bit from week to week.

In particular, there were 95 new confirmed cases reported at Guinea which is the highest weekly total in that country so far in 2015. In contrast, in Sierra Leone, there were 55 new confirmed cases over the same time period and that's the lowest total since late June of 2014. Liberia, there's – things are a little bit more encouraging. This was the third consecutive week with no new reported cases reported. March 15th was day 12 since the last patient had tested negative for Ebola.

And just as a reminder, a country will be declared Ebola free when 42 days have passed because that's the incubation period. So, we still have quite a ways to go before – if my math is correct, somewhere around 30 days or so for Liberia to be declared Ebola free. So, we hope that that happens if they're able to maintain control over that.

CDC has continued to provide updated information on their Web site. Most recently – In addition to just the case count update, they've posted information for families and loved ones and responders going to West Africa. So, this is for persons who have – someone that's going over to help in the response efforts and just providing support for those persons while they're there and when they come back. So, please take a look at that if needed.

As (Mindee) and (Carman) had mentioned, we are anticipating funding through the Epidemiology and Laboratory Capacity Cooperative Agreement, specifically for Ebola. Actually, anticipating that we will have some information later this week or early next week, and so we will certainly let you all know when we get additional news about that.

And then I'm going to transition now to cover some other topics. The first thing I'd like to talk about is the listeriosis outbreak associated with Blue Bell ice cream. Many of you are probably aware of this in the media. Just to recap, we've been working with our colleagues at the Department of Agriculture here in Kansas, the Federal Food and Drug Administration, Centers for Disease Control and Prevention, the Texas Department of State Health Services, and then also the Oklahoma Department of Health and Agriculture, Food and Forestry and all. That'll become evident here in just a moment.

But to recap, we had five listeriosis cases in Kansas from January 2014 to January 2015 and three deaths were reported among those patients. All these patients were hospitalized at the same hospital in Kansas prior to their diagnosis with listeriosis. And the dietary records that we have available on four of their five patients indicated that they had all been served Blue Bell ice cream.

Four strains of listeria infection had been identified among these patients. Three of these strains also were identified in Blue Bell ice cream products that were manufactured at the Brenham, Texas plant. That was discovered through routine food surveillance that was being conducted in the state of South Carolina and they traced that back to the Brenham plant.

Blue Bell, in response to this, recalled all products on the implicated line in the Brenham plant on March 13th and I think that there were a total of 10 different products that were involved in that recall.

We continued to work on this investigation and that included collecting the environmental samples and samples from our main Blue Bell products at the hospitals that had not been recalled. And then we proceeded to have those tested at the Kansas Department of Agriculture lab.

All the environmental samples tested were negative, however, there was one 3-ounce unopened (cup of) ice cream, a cup that was collected from the hospital, that did test positive for listeriosis monocytogenes. We reported that

to the FDA and last night, it was announced that they are recalling all 3-ounce institutional ice cream products and they've posted that on their Web site.

And we will be issuing another media release shortly regarding this additional information. So, be looking for that.

Next, I'll talk a little bit about influenza. Activity in Kansas has increased over the past two weeks. Last month, I was able to report the activity had decreased, but unfortunately we're seeing that build back up. We're still at over four percent of patients at ILINet providers having influenza-like illness. We did report local geographic spread to CDC for the week ending March 14th. However, because some of the regions in the state are seeing higher levels of activity, when we look at the map on CDC's webpage it reflects regional spread. And we've had dozens of (outbreaks) of influenza, and so unfortunately influenza season is not over in Kansas.

Another significant update regarding influenza that multiple states this month have reported is influenza-associated rash. This is primarily – It appears to be primarily associated with influenza B and these are patients that do not have (evidence) of measles. Rashes, historically, have been a rare complication of influenza, but CDC is requesting additional information about any patients who appear to have influenza-associated rash. They did post a report on Epi-X which is – for those of you who are not familiar with that is, a secured communication system that CDC has that the states and some local health department staff are also a member of.

We will be posting a case narrative update shortly to provide a case definition and eventually a call for cases and instructions on how to report those cases to KDHE. So, be looking for that.

And just a reminder, regarding influenza-associated parotitis, I don't really have an update for you regarding that. But just to recap, CDC and several states had been conducting investigation about this. We had – As reported last month, we've had nine cases. I don't believe we had additional cases for that. But CDC is continuing to ask that we track those cases through March 27th, and so we just have a few more days associated with that.

Next, I'll just provide a very brief update about pertussis. We did post a case notice on March 11th, 2015 in which I provided some updated recommendations regarding post-exposure management of pertussis contacts. And so, please refer back to the case notice that has that memo. This memo has also been included and updated with the investigation guidelines on our Web site.

But just very briefly, we are now recommending that for susceptible persons who are contacts to a pertussis case that in lieu of excluding those persons from school and child care settings, that they'd be monitored for a period of 21 days and if they develop symptoms that are compatible with pertussis, that they'd be excluded at that point and evaluated so that it can be determined whether or not they have pertussis or their symptoms worsen it is not likely they can be readmitted.

The primary reason we're doing that is because our current regulations are somewhat inconsistent with what we know about the epidemiology of post exposure management and also goes against CDC guidelines right now. And we still have efforts to comply with our regulation and avoid driving inappropriate antibiotic use.

So, we wanted to end up (inaudible) on March 11th and the existing regulations, those allow the local health office to reward the secretary of KDHE to alter the isolation and quarantine regulation if it's necessary to protect public health. And so, that's what we're advising. So, I'd be happy to address any questions or concerns about that.

And then, finally, this is a season for baby chicks and ducklings that are sold. We are going to be sending out resources to help prevent live poultry-associated salmonellosis. We've prepared packets for feed stores that include the letter that can explain the feed stores' role in preventing illness. That'll include a summary report, that details the investigation of Kansas cases in the 2013 multi-state outbreak of live poultry-associated salmonellosis. And finally, we'll include a laminated education poster that can be displayed where the live poultry was sold or housed.

We are planning to send these packets directly to Orscheln and Tractor Supply Company stores throughout Kansas, but we're also going to be sending some packets to local health departments for you to use. And we ask for your help and distribute those. And if you need additional copies, we can certainly make the original files available to you and you can print off additional copies for that.

That's all I have. Thank you.

(Mindee Reece): OK, (Charlie). Thank you very much. Next on the agenda is Brenda Walker, our director of the Bureau of Disease Control and Prevention, who's going to talk about tuberculosis.

Brenda Walker: Thanks, (Mindee). Good morning all. My name is Brenda Walker and I am the director of the Bureau of Disease Control and Prevention.

One of the programs within the bureau is the tuberculosis program. In March a student at Olathe Northwest High School was diagnosed with active tuberculosis. On March 4th, our T.B. section chief, Phil Griffin, met with the county and high school personnel to establish a testing plan.

On March 11th, 304 students and faculty were tested for T.B. with 27 persons testing positive for the infection. But so far, none showing any symptoms of active disease. These 27 will have to undergo chest x-rays to confirm that they do not have active T.B. It can take up to eight weeks for tuberculosis to show positive in a blood test. The second round of test were provided May 5th for people whose initial tests were negative. The patient has responded very well to standard treatment.

I would like to emphasize that 27 infections had been identified, not cases. We believe all 27 infections to be from direct transmissions which equates to 8.5 percent of contacts. A contact investigation of this size and type of population would expect to see up to 15 percent transmission. T.B. infection is not contagious.

As many of you know, T.B. is caused by bacteria that can remain dormant often in the lungs of infected people for years, even a lifetime. Only about 10

percent of people infected will develop the disease. When T.B. becomes active, people may develop a bad cough that lasts up to three weeks or longer, pain in the chest, fevers and night sweats, may cough up blood, lose weight, have a lack of appetite and become weak and fatigued. Left untreated, T.B. can be fatal.

Tuberculosis is spread through the air by coughing, laughing, singing and sneezing. A person would have to be in close contact for several hours a day with an infected person to contract the disease. It cannot be spread by a handshake or a drinking glass, desk or other surfaces.

While it is important for physicians to think T.B., when a patient presents with these symptoms, they should not lead to any school in the state needing to screen their students for T.B. on a regular basis.

Tuberculosis has been steadily declining in the United States and in Kansas. In 1953, there were 84,304 active cases of T.B. in the United States. In 2013, there were 9,582 according to CDC. In Kansas in 2002, there were 90 cases. In 2005, there were 60 cases. And in 2014, there were 40. And today is World T.B. Day.

Thank you. That's all I have.

(Mindee Reece): OK. Thank you, Brenda. Next on the agenda are Tim Budge and Mike Parsons from the immunization program. So, we'll turn it over to you…

Tim Budge: All right. And we just have a few things that we wanted to bring to everyone's attention. And starting with the observance coming up in April - April 18th through the 25th is National Infant Immunization Week which is an annual observance to promote immunizations and to (improve) immunization rates of children from two years old or younger. And that coincides with and celebrated alongside World Immunization Week with the – which is an initiative of the World Health Organization.

Some of the milestones that have been reached since immunizations have been around throughout our day is now we currently have 14 vaccine-preventable diseases. Before, it was two. And many – if we can remember back in the

1950s, you know, these diseases were a lot more widespread and more noticeable, and measles was, for example, captured in many childhood scenarios.

So, some things that I wanted to just emphasize when it comes to National Infant Immunization Week are if you are planning any event during this week of April 18th to the 25th, some things to highlight or to encourage during your event are the dangers of vaccine-preventable diseases, how that can help with those children that are in your areas as well as being able to educate parents and caregivers, some of the achievements that immunizations have had in the many years, and also we would like to encourage to step up any efforts to protect children against vaccine-preventable diseases and to encourage increased communication between parents and health care professionals or providers that are out there.

We definitely have many resources to assist and to help if you are meeting ideas and regulation to any event you may be planning for this National Immunization Week.

And so, with that, I just wanted to also emphasize adolescent vaccines. That's something that we don't forget here within immunization program and we are currently – have a couple of projects that are linked in working on specific adolescent vaccines.

The other thing that I wanted to briefly mention is the efforts in our VFC enrollments which is Vaccines for Children providers that are within our state of Kansas. Last year, we had about a total of 355 providers that were enrolled, and this year we've done things a little bit differently in regards to getting these providers enrolled. We have initiated an online enrollment process. And currently, we have about 343 providers that have registered within that system and are currently working to get enrolled and to complete that.

And that's all I have at this time.

(Mindee Reece): Thank you, Tim. Next on the agenda is Jane Shirley, our local public health director.

Jane Shirley: Hi everybody. I just have an announcement and a couple of reminders. The first one is the announcements that you may have seen come out through KRHIS, the Kansas Rural Health Information Service, regarding the nurse corps scholarship program. I just want to mention that this would be a great opportunity for individuals who are in nursing schools currently to apply for scholarship funding in exchange for a minimum two-year fulltime service commitment or a part-time equivalent at an eligible health care facility with a critical shortage of nurses.

We clearly have a large area in Kansas that this could potentially serve. And I encourage if you are interested to access the HRSA Web site for the Nurse Corps, that's C-O-R-P-S, Web site and the application submission deadline is May 21st. So, take a look at that if you have anyone that you are currently in relationship with or want to communicate to your community of nursing educators about that opportunity.

This brings me to remind that if you are not currently receiving KRHIS notices, that's the Kansas Rural Health Information Service, I would encourage you to either sign up or re-sign up, maybe you have fallen off for one reason or another, a change of e-mail or something. Just go to the rural health webpage here for KDHE at our KDHE Web site and there's a location where you can register. You can also view archived announcements. And I really would encourage everyone to sign up. It is called Kansas Rural Health Information Service, so we really distribute a lot of information through that distribution service that is not exclusive to rural health. So, I'd encourage you to do that.

Just one last reminder, the governor's public health conference is coming up at the end of April. I'm sure you all want to be there. It will be an outstanding conference as always. For local health departments, I just want to put in a reminder that if you're interested in the plan for scholarship funding, those applications are on the TRAIN site for registration and we hope that you will take advantage of that opportunity.

And that's all I have. Thanks, (Mindee).

(Mindee Reece): Thank you, Jane. (Ginger Park) from the Bureau of Health Promotion is next on our list of speakers.

(Ginger Park): Thank you, (Mindee). I just want to talk briefly about Denim Day. KDHE is supporting Denim Day on Wednesday, April 29th. Denim Day is a response to a 1999 Italian Supreme Court ruling that overturned a rape conviction because the victim wore tight jeans. Since then, wearing jeans on Wednesday has been a symbol of support for victims of sexual violence and protest against the idea that a victim could cause their own rape.

Denim Day is also part of Sexual Assault Awareness Month which is in April. If your organization would like to participate in Denim Day, please contact Laurie Hart, the Kansas Sexual Violence Prevention and Education Program coordinator, at lhart, H-A-R-T@kdheks.gov. Her phone number is 785-296-8476. Thank you.

(Mindee Reece): Thank you, (Ginger). Next is Jamie Hemler from our preparedness program to share some updates this morning.

Jamie Hemler: Thanks, (Mindee). Good morning everyone. Just a few quick updates. We're still working on the (HPP) Ebola grant application that is due on April 22nd. We hope to have that routing internally here soon. (Melanie) sent out preliminary funding allocations to local health departments and regions and I believe that was last Friday, the 20th. So, be on the lookout for that. If you haven't received it, please reach out to us and we can get that to you.

And also for Catalysts that have closed up for the 2015, 2016 funding for next year, we are going to work on adding the public health regions, the two CRI jurisdictions and also the Ebola applications to that system here in the next week or two.

I've been requested to talk about our grant process and how we develop the local work plans. I'm also going to be sending out some PowerPoint slides in the Preparedness Update email this week, the Friday update, kind of explaining the process. But the way that started was during budget period one when we had to go to capability base planning and we had 15 planning capabilities that we had to work through.

Once I receive guidance, it's usually been March, but this year it was moved up to February. We review the guidance and we also refer to our five-year strategy that we develop in budget period one on how we would tackle 15 of those capabilities. Then we set up capability work session meetings with our internal subject matter experts and also a representative from the hospital side and one from the public health side.

So, we try to get off the ground within a two-week timeframe here at KDHE. This year was the first year that we did have a representative for all public health capabilities. So, thank you to those that have participated in those work sessions. It's been able to make our grant application a lot better and have the local perspective on those.

Once those 15 work sessions are completed, then we have the information that we need to develop our state level work plan as well as the local health department and community hospital work plan. So, that's where that draft information comes from.

Once we have the draft work plan developed, we meet with what we call the HPP PHEP planning group during the grant season and that group is made up of the KAHLD, KDHE preparedness team which is the members of the KDHE staff and local health department representatives. And also KHERF or the Kansas Hospital Education and Research Foundation, they fit on this group. So, it's usually represented by Ron Marshall and also the seven hospital regional coordinators.

We kind of spend a day reviewing the work plans, making sure they make sense and that they align between public health and the hospital side. So, we usually try to come out of that meeting with final work plans. We did have a couple of questions on the mask care item for this year, so we have a conference call lined up for Friday where we will hopefully get those final work plans and we'll be able to push out to you.

So, that's kind of our process. Just a really quick rundown of that, and again, like I said, I'll give you some PowerPoint slides that goes over the process as well.

So, that's all I have.

(Mindee Reece): All right. Thanks, Jamie. Last on our agenda before we move into questions and answers is Aimee Rosenow from our communications office.

Aimee Rosenow: Thank you, (Mindee). Most of our communication activities for the rest of this week will be focused on listeria. So, you may have seen that we sent out an advanced copy of the news release regarding the update that (Charlie) gave that went out of – you may not have seen it. It went out while we've been on this call. But that will be available to you. So, please look at your health alert network notices for that information.

We'll also be setting up a Web site dedicated to Listeria. So, that will be available shortly after the news release goes out to media and that will be located through the KDHE homepage. So, if you go to kdheks.gov, on our homepage, you'll see the listeria banner which will link to information for listeria which includes FAQs and additional information there.

And then the other activities will mostly be supporting some of our partners here that have updated you today on various events such as Denim Day, National Infant Immunization Week. We do have those events listed also on our homepage. So, there'll be a link to resources available for you there. We'll also be sharing that information over our social media channels.

And I think that's all we have for our communications program. But if you all need any support from us at anytime, just feel free to reach out to us.

(Mindee Reece): OK. Thank you, Aimee. Now, we'll do our best to answer any questions that you might have.

Operator: And at this time, ladies and gentlemen, if you'd like to ask a question, please press star one on your telephone keypad.

You do have a question from (Leslie Campbell).

(Mindee Reece): Hi, (Leslie).

(Leslie Campbell): Hi, (Mindee). I was wondering if the Ebola funding will also have an opportunity to go to the region like our regular PHEP funding?

(Mindee Reece): No, we can add that.

Jamie Hemler: Hi, (Leslie). This is Jamie. Yes, we will be adding those applications as well as the regions so you can apply for those.

(Leslie Campbell): OK. So, money will be going to the region or will the locals have a chance to send their funding to the region?

(Mindee Reece): Do we have regional funding for this or not? Ebola? OK. No, we do not have regional Ebola funding.

(Leslie Campbell): OK.

(Mindee Reece): This will (inaudible).

(Leslie Campbell): OK.

(Mindee Reece): Yes.

Yes, their (HPP), yes. (Leslie), just to clarify, there will be an opportunity for funding to go to the Regional Health Care Coalition which also includes public health participation. So, there would be an opportunity for that regional money from the hospital preparedness program caught as many for those specific activities to support the regions. If a local health department is applying for Ebola funding through public health emergency preparedness - and we do want to have regional activities, that would be the prerogative of the local health department as long as you meet the work plan requirement for the funding.

(Leslie Campbell): OK, thank you.

(Mindee Reece): You're welcome.

Operator: Your next question comes from (Sheryl Getz).

(Mindee Reece): Hi, (Sheryl).

(Sheryl Getz): Hi. Hi. Hey, I wanted to ask (Charlie) about the rash that's associated with the influenza B. Did – (Charlie), did you say that that looks like measles? Did I hear that correctly?

(Charlie Hunt): Yes. It's a morbilliform rash, so it's both papular and macular features.

(Sheryl Getz): OK. So, we could give our docs a heads up as they see something that looks like measles that might not be.

(Charlie Hunt): That's correct. I mean, certainly if measles is potentially suspected, we would want that reported anyway.

(Sheryl Getz): Yes.

(Charlie Hunt): But like I said, CDC does have a case definition for this that we will include in our case notice, we've also included the posting on ProMED from, I believe, last week and we didn't know it was going to go on ProMED or otherwise we would have gotten those out sooner. So – But if you search for that, you should be able to find it if you want to going forward.

(Sheryl Getz): OK. Thank you very much.

(Charlie Hunt): OK. Thank you.

Operator: And once again, if you would like to ask a question, please press star one. And your next question comes from (Karen).

(Karen): Yes. This is (Karen) from Hodgeman County Health Department. And I guess I wondered if you were going to speak a little bit more about Ebola funding. I mean, is that coming just like our preparedness funding? I mean, what kind of work items there are – has there been any information out about that I just hadn't heard?

(Mindee Reece): Yes, we do have a draft work plan made up that we can send through the Friday update this week. But we are still waiting on our work plan from the

CDC after they get done reviewing our application. That's funding –did we have the allocation sent out for the PHEP Ebola grant?

That was Friday as well?

OK. So, last Friday, you should've received the PHEP Ebola portion as well, the preliminary announced.

(Karen): What are the expectations? I mean, to do, I mean, we've done some many things previously or what are we using this money for?

Jamie Hemler: A lot of it is going to be participating in an annual exercise, you're going to be purchasing PPE, you're going to be training on PPE which we're currently trying to plan regional donning and doffing trainings throughout the state. If you have any new employees, just making sure that they are trained on the EpiTrax module on Kansas TRAIN. There's a few other items there. I don't have it in front of me at the moment, but I will send that out to you. And I can send that to you directly after this call.

(Mindee Reece): (Karen), did you have any other questions or does that answer your question?

(Karen): Is this optional spending or is this just like…

(Mindee Reece): Yes. It will be optional.

(Karen): … will be Ebola – are we saying we want Ebola money too or is this – how is that set up?

(Mindee Reece): Yes, we're going to put an application into Catalyst, the same as we did with your PHEP funding. And that'll be the same yes or no button that you'll select. So, if you do not want to get Ebola funding, just select no, save and submit in the system. It is not mandatory. Does that help?

(Karen): Yes, thanks.

Operator: Your next question comes from (Tammy Stroud).

(Tammy Stroud): Hi, this is (Tammy) at Anthony Medical Center. I just had a question, what was the Web site for the rule nursing grant or scholarship?

(Mindee Reece): You can go to the HRSA Web site and go to nurse corps, C-O-R-P-S, scholarship program.

(Tammy Stroud): OK, thank you.

Operator: And once again, if you do have a question, please press star one. And you have no further questions at this time.

(Mindee Reece): OK. Well, thank you everyone for participating in this morning's call. Our next population health call will be held on April 28th at 10:00 a.m. and we will provide any further updates between now and then through the Health Alert Network or the Kansas Rural Health Information System.

As Aimee mentioned, we have new information about listeria going up on our KDHE Web site, you can also access this transcript, and more population health call information on the Web site. So that's all this morning. Thank you and good bye.

Operator: Ladies and gentlemen, this concludes today's conference call. You may now disconnect.

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